Printed: 08/11/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
175517			B. WING		C <b>08/11/2015</b>		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE. ZIP CODE		
	ALE OVERLAND PAR	κ	12000 L				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE COMP	(X5) PLETION DATE
F 000	INITIAL COMMENTS			F 000			
		s represent the findings on #88518, 86958, 8859					
	483.25 PROVIDE CA HIGHEST WELL BEI			F 309			
	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.						
	This Requirement is not met as evidenced by: The facility census totaled 83 resident with 9 residents sampled. Based on observation, record review, and interviews, the facility failed to provide pain management for 4 (#2, #4, #5, and #7) of 4 residents sampled for pain management.		ecord rovide				
	Findings included:						
	- Resident #2's Medicare 5 day assessment dated 5/9/15 documented the resident with Brief Interview for Mental Status (BIMS) score 14 documented the resident was cognitively intact. The assessment further documented the resident on pain management with scheduled pain medications, as needed medications, and on non-medication interventions. The resident reported a pain intensity of 8 on a scale of 0-10 (with 0 as no pain and 10 as the worst pain).  The initial pain care plan dated 5/5/15 included						
	the following interventional analogesia (pain medical)	tions: to administer					

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

(X6) DATE

TITLE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			A. BUILDING		(X3) DATE SURVEY COMPLETED		
	175517			B. WING			C 5/11/2015
	NAME OF PROVIDER OR SUPPLIER  BROOKDALE OVERLAND PARK			ESS, CITY, STA AMAR AND PARK,			
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F 309	an hour before a treat encourage the resided monitor/record the profore example: sharp, scale, 0 no pain and location; onset; durat continuous, intermitting and relieving factors in usual routine, sleet functional abilities, a motion (ROM), without provide the resident about pain and option management, and diresident's preference.  The clinical record diresident's preference the clinical record diresident's pain level.  The clinical record diresident's pain level.  The Physician Order documented the resident's pain medications: Ormilligrams (mg) ever (anti-inflammatory) 1 Gabapentin (used form three times a day 15 mg - 30 mg every Tylenol 325 mg - 650 needed.  The controlled subst documented the residented the reside	atment or care as needed and to report any pain, ain characteristics: qualiburning); severity (0 to 10 worst pain); anatomition (for example: ent); aggravating factors, observe and report charp patterns, decrease in and decrease in range of lawal or resistance to cand family with informatins available for pain secuss and record the est.  Documented the resident by on 5/5/15 following a and history of chronic pain occumented on 5/6/15 the was 9.	ity 10 ical 10 ical s; anges are, cion was left n. e and 5/4/15 ring Mobic cotic) d heet n CR	F 309			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLI IDENTIFICATION NU		ULIA .		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 309	and was given on 5/8 7:00 A.M. and 7:00 F.M., and 7:00 F.M., and 7:00 F.M., and 7:00 F.M., and 7:00 P.M., and 7	5 at 7:30 P.M., on 5/6/18 P.M., on 5/8/15 at 7:00 A on 5/9/15 at 7:15 A.M. ances proof of use sign ne resident received mmediate release narco ery 3 hours as needed (on 5/6/15 at 12:30 A.M. 10 P.M., 5:00 P.M., and 15 A.M., 7:00 A.M., 12:3 10:45 P.M.; and on 5/8 M., 1:00 P.M., and 5:00 cked documentation rel	out  out  tic) (on , 3:30 11:30 30 3/15 P.M.  ated pain  ect of e f  nsed then e the and ed  nsed asing nitial sident	F 309			

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY	
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			OVERL	AND PARK,	KS 66209		
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F 309	Continued From page	e 3		F 309			
	Ontinued From page 3 write on the pain medication flow sheet the date, the time, location of the pain, the pain level, the mediation given, and the follow up on the resident's pain level.  The 7/2015 revised facility policy "Pain						
	identify the level of pa and include the effect		ted,				
	The facility failed to ensure the nursing staff adequately assessed the resident's pain level, monitor the resident's pain level, and follow up with this resident related to his/her pain management.						
	- Resident #4's Medicare 5 day assessment dated 6/28/15 documented the resident's cognitive status was not assessed. The Minimum Data Set assessment (MDS) documented the resident was on pain management with as needed pain medication.						
	The initial pain care plan dated 6/29/15 included the following interventions: to administer analgesia (pain medications) as per the physician's orders, give the pain medication half an hour before a treatment or care as needed, encourage the resident to report any pain, monitor/record the pain characteristics: quality (for example: sharp, burning); severity (0 to 10 scale, 0 no pain to 10 the worst pain); anatomical location; onset; duration (for example: continuous, intermittent); aggravating factors; and relieving factors, observe and report changes in usual routine, sleep patterns, decrease in functional abilities, and decrease in range of motion (ROM), withdrawal or resistance to care, provide the resident and family with information about pain and options available for pain						

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F 309	Continued From page	e 4		F 309			
	management, and dis resident 's preference	cuss and record the					
		cumented the resident on 6/23/15 following a					
	received Naproxen (a pain medication, and	cumented the resident nalgesic), Norco (narco Tylenol (analgesic) dur	otic				
	4 day time period.						
		cked documentation to a n and the effectiveness the pain medications.					
	care staff O stated if a	5 at 12:15 P.M. with dir a resident complained o ld tell the charge nurse	of				
	care staff P stated he	5 at 4:10 P.M. with dire /she would report to the resident complained of	e				
	An interview on 8/5/15 at 4:20 P.M. with licensed nursing staff J stated if a resident had pain, then would need to assess what kind of pain, rate the pain from 0-10, give the resident medication and follow up to see if the pain medication relieved the pain.						
	An interview on 8/6/15 at 9:15 A.M. with licensed nursing staff K stated when the facility was using paper medication sheet; the nurses had to initial the medications that were given. When a resident complained of pain, the nurses would have to write on the pain medication flow sheet the date, the time, location of the pain, the pain level, the mediation given, and the follow up on the resident						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA			LE CONSTRUCTION	(X3) DATE SURVEY	
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			OVERL	AND PARK,	KS 66209		
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F 309	Continued From page	e 5		F 309			
	's pain level.						
		ted the nursing staff to ain, document as indica	ted,				
		nsure the nursing staff					
		the resident's pain level					
	with this resident rela	s pain level, and follow เ ted to his/her pain	dr.				
	management.	tou to mornor pain					
	- Resident #5 was admitted on 7/28/15 with the diagnosis of Cerebrovascular accident (CVA) (stroke) - the sudden death of brain cells due to lack of oxygen caused by the impaired blood flow to the brain by blockage or rupture of an artery to the brain.						
	The initial care plan related to the resident's stroke dated 7/29/15 included the following interventions: give medications as ordered, monitor/document for side effects and effectiveness, pain management as needed, and provide alternative comfort measures.		and				
	pain level on 7/30/15 no pain to 10 the wors	was rated at 8 (scale of st pain), on 7/31/15 wanes at 6, 7, and 6, and 6 times at 3, 3, and 5.	f 0- s				
	The medication admit documented the resid (analgesic) twice a da		to 5.				
		cked documentation to e resident received the					

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	care staff O stated if a pain then he/she would need to assess pain from 0-10, give the pain.  An interview on 8/5/1 care staff P stated he charge nurse when a pain.  An interview on 8/5/1 nursing staff J stated would need to assess pain from 0-10, give the follow up to see if the the pain.  An interview on 8/6/1 nursing staff K stated	5 at 12:15 P.M. with dire a resident complained outlet tell the charge nurse of sat 4:10 P.M. with direct of sat 4:20 P.M. with licer if a resident complained of sat 4:20 P.M. with licer if a resident had pain, it is what kind of pain, rate the resident medication is pain medication relieved the sat 9:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the sat 12:15 A.M. with licer when the facility was under the sat 12:15 A.M. with licer when the sat 12:15 A.M. wit	of e. ect e f nsed then e the and ed	F 309	DEFICIENCY		
	the medications that a complained of pain, the write on the pain medithe time, location of the mediation given, and resident's pain level.  The 7/2015 revised far Management" instructed include the effect and include the effect adequately assessed monitor the resident relamanagement.	acility policy "Pain sted the nursing staff to ain, document as indicativeness.  Insure the nursing staff the resident's pain levels and follow the spain levels.	sident o date, the ated,				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 309	Continued From pag	e 7		F 309			
	fractured (a broken b	one) right arm and left I	eg.				
	the following interven resident to try differer positioning, relaxation relaxation, bathing, homuscle stimulation, a administer analgesia the physician's orders half an hour before a needed, encourage the pain, monitor/record to quality (for example: to 10 scale, 0 no pain anatomical location; of continuous, intermitted and relieving factors, in usual routine, sleep functional abilities, ar motion (ROM), withduand provide the reside	nt relieving methods like in therapy, progressive eat and cold application ind/or ultra-sound; to (pain medications) as ps, give the pain medicat treatment or care as the resident to report and the pain characteristics; sharp, burning); severity in to 10 the worst pain); onset; duration (for example); aggravating factors observe and report chapp atterns, decrease in and decrease in range of trawal or resistance to content of the post of the patterns.	e ans, over cition  yy comple: s; anges are,				
	The Medication Administration Record (MAR) documented the resident received Norco (narcotic pain medication) on 8/4/15 at 8:55 A.M. and 8:18 P.M., on 8/5/15 at 8:31 A.M. and 8/6/15 at 8:45 A.M.		A.M.				
	The clinical record lacked documentation related to this resident's level of pain and the effectiveness after the resident received the pain medications.						
	care staff O stated if	5 at 12:15 P.M. with dir a resident complained o ald tell the charge nurse	of				

[` '		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE				(X3) DATE SURVEY COMPLETED	
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F 309	An interview on 8/5/1 care staff P stated he charge nurse when a pain.  An interview on 8/5/1 nursing staff J stated would need to assess pain from 0-10, give t follow up to see if the the pain.  An interview on 8/6/1 nursing staff K stated paper medications that complained of pain, the medications that complained of pain, the write on the pain medithe time, location of the mediation given, and resident's pain level.  The 7/2015 revised fa Management" instruction include the effect.	5 at 4:10 P.M. with direct/she would report to the resident complained of 5 at 4:20 P.M. with licer if a resident had pain, as what kind of pain, rater the resident medication relieved to a pain medication relieved when the facility was upper; the nurses had to inwere given. When a resident medication flow sheet the control of the pain, the pain level, the follow up on the accility policy "Pain acted the nursing staff to ain, document as indication, as indication, as indication, as indication, as indication."	nsed then the and ed nsed sing itial sident o late, the	F 309			
		s pain level, and follow					
	483.25(k) TREATMENEEDS	NT/CARE FOR SPECIA	AL	F 328			
		ure that residents receive care for the following all fluids;	ve				

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F 328	Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.  This Requirement is	omy, or ileostomy care; not met as evidenced b	py:	F 328			
	The facility census totaled 83 residents with 9 sampled. Based on observation, record review, and interviews, the facility failed to monitor store the oxygen equipment when not in use for 2 of 3 (#8 and #9) sampled with oxygen use.						
	Findings included:  - Resident #8's admission Minimum Data Set assessment (MDS) dated 6/20/15 documented the Brief Interview for Mental Status (BIMS) score 13 which documented the resident was cognitively intact. The MDS documented the resident required extensive assistance of 2 staff members with bed mobility, transfers, dressing, and toilet use, and extensive assistance of 1 staff member with personal hygiene. The MDS further documented the resident required oxygen therapy.		ed score staff ng, staff				
	The activities of daily living Care Area Assessment (CAA) dated 6/30/15 documented the resident had recently been hospitalized for pneumonia (inflammation of the lungs) and needs assistance with activities of daily living due to weakness.		or needs				
			-				

		(X1) PROVIDER/SUPPLIER/C	LIA . ,		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 328	characterized by dim difficulty or discomfo pneumonia. The inter auscultate lung soun abnormalities to the as ordered, breathing assess respiratory stresident's oxygen sare and ranged from 91 clinical record docum oxygen at night at 2  On 8/5/15 at 7:35 A. the bathroom and the on with the oxygen tresident's bed.  On 8/5/15 at 10:30 A observed applying le oxygen tubing lying oxygen concentrator. Interview with license at 11:55 A.M. stated to make sure the oxybags on the concent when not in use. The make sure the tubing use.  Interview with license 12:05 P.M. stated the placed in the mesh but the license at 12:05 P.M. stated the placed in the mesh but the license at 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the mesh but the license 12:05 P.M. stated the placed in the license 12:05 P.M. stated the license 12:05 P.M. stated the license 12:05 P.M. stated the license 12:05	ninished lung capacity and rt in breathing) and reventions included to also as needed, report are physician, oxygen saturing treatments as ordered tatus: rate, depth, pattern, and report abnormalities. If record documented the turations checked every per cent (%) to 98%. The nented the staff to apply liters per a nasal cannul. M. the resident observe e oxygen concentrator the tubing lying across the control of the floor next to the control of the floor next to the control of the portable ending the direct care staff could be direct care staff could be direct care staff line 8/5 e oxygen tube should be defined and for the should be direct should	ation I, In and es to  e I shift I se I la I d in I urned  dent,  5/15 I sible I in the E tank I also Dot in  /15 at E	F 328				

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 328				F 328				
	concentrator or the ta							
		•						
	Interview with licensed nursing staff J on 8/5/15 at 4:20 P.M. stated RN the oxygen tubing should be placed in the mesh bag when not in use.							
	Interview with direct care staff P on 8/5/15 at 5:30 P.M. stated the oxygen tubing should be placed in the mesh bag on the concentrator or the portable tank.							
	instructed the nursing	licy "Oxygen Managem staff to store the cannotic bag when not in use	ula					
	the facility's guideline	nsure the nursing follow s for the safe storage o this resident when not	f the					
	- Resident #9's admission Minimum Data Set assessment (MDS) dated 7/31/15 documented the Brief Interview for Mental Status (BIMS) score 12 which documented the resident with moderate cognitive impairment. The MDS documented the resident required limited assistance of 1 staff member with bed mobility, transfers, dressing, toilet use, and personal hygiene. The MDS further documented the resident required oxygen therapy.							
	(CAA) dated 8/5/15 de	ring Care Area Assessr ocumented the residen monia (inflammation of	t was					

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F 328	Continued From page 12 lungs).			F 328					
	The initial care plan dated 7/31/15 documented the resident had altered respiratory status/difficulty breathing related to pneumonia. The interventions included to provide oxygen as ordered.								
	The clinical record documented on 8/6/15 at 1:11 P.M. documented the resident continued with oxygen at 4 liters without difficulty.								
	The resident observed on 8/5/15 at 10:55 A.M. in bed with oxygen delivered at 4 liters from the oxygen concentrator. A portable oxygen tank was seen in the resident's room with oxygen tubing wrapped around handle.								
	sleeping with oxygen	table oxygen tank obse							
	at 11:55 A.M. stated to make sure the oxygodags on the concentration when not in use. The	d nursing staff H on 8/5 the nurses were respon gen tubing was placed ator and/or the portable direct care staff could a was put away when no	sible in the tank also						
	12:05 P.M. stated the	d nursing staff I on 8/5/ coxygen tube should be ag.							
	placed in the mesh bag.  Interview with direct care staff O on 8/5/15 at 12:15 P.M. stated the oxygen tubing should be placed in the mesh bag that was placed on the concentrator or the tanks when not in use.								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		175517		B. WING			C <b>11/2015</b>	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT	ΓΕ, ZIP CODE	I		
	ALE OVERLAND PAR	RK	12000 L OVERL	-AMAR AND PARK,	KS 66209			
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F 328 F 353 SS=E	Interview with admini 8/5/15 at 2:25 P.M. s should be placed in the concentrator or portal. Interview with licensed 4:20 P.M. stated RN placed in the mesh but Interview with direct of P.M. stated the oxygothe mesh bag on the tank.  The 7/2015 facility poinstructed the nursing and/or mask in a plass. The facility failed to ethe facility's guideline oxygen equipment for use.  483.30(a) SUFFICIEI PER CARE PLANS. The facility must have provide nursing and maintain the highest and psychosocial we determined by reside individual plans of car. The facility must provinumbers of each of the personnel on a 24-hor	strative nursing staff D tated the oxygen tubing he mesh bags on the ble tanks.  Ed nursing staff J on 8/5 the oxygen tubing should ag when not in use.  Care staff P on 8/5/15 at en tubing should be place concentrator or the portion of the staff to store the cannot stic bag when not in use the staff to store the cannot of the portion of the safe storage of the safe storage of this resident when not on this resident when not on the portion of the safe storage of the safe storag	/15 at Ild be to 5:30 ced in table the table table the table table the table table the table table table the table	F 328				
		under paragraph (c) of ses and other nursing	this					

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F 353	Continued From page personnel.	e 14		F 353			
	Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.						
	This Requirement is not met as evidenced by: The facility census totaled 83 resident with 9 residents sampled. Based on observation, record review, and interviews, the facility failed to provide nursing staff to provide nursing services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 4 residents (#2, #4, #5, and #9) of the 9 residents sampled.						
	Findings included:						
	dated 5/9/15 docume Interview for Mental S documented the resid The Minimum Data S the resident required dressing and required	care 5 day assessment need the resident with Estatus (BIMS) score 14 dent was cognitively intaget assessment docume limited assistance with a supervision of 1 staff bility, transfers, toilet us to	act. nted				
	5/5/15 until 5/9/15 for the resident had to wa shortest wait time) to	s call light record from this resident document ait from 1 minute (the 25 minutes (the longes answer his/her call ligh	t wait				
		ouncil minutes for 9/24/ 25/15, 6/24/15, and 7/2 ights were slow to be					

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F 353	Continued From pag	e 15		F 353			
	light was turned on, the to the direct care staff care of that resident, goes to all the direct canother 3 minutes the nurse, after another 3 the unit manager, after signal goes to the assumed after another 3 mexecutive director. We the list of receivers, the start over.  Interview on 8/5/15 and another and the call light, the sign the direct care staff and 3 minute intervals to call light was answered. Interview on 8/5/15 and staff O stated he/she call lights as soon as pager. Direct care staff and the famone that he/she could stated he/she was chall the residents assigned direct care staff would residents turned on the light on 8/5/15 and lights as soon as pager. Direct care staff would stated he/she was chall the residents assigned direct care staff would residents turned on the light was an 8/5/15 and 15/15 and 15/15/15 and 15/15/15 and 15/15/15/15/15/15/15/15/15/15/15/15/15/1	g staff D stated when a ne signal immediately of spager that was takin after 3 minutes the signare staff on the unit, a signal goes to the chast minutes the signal goes to the chast minutes the signal goes another 3 minutes the sistant director of nursinal goes when the signal goes the signal goes the signal would recycle at 11:55 A.M. with licens when a resident turner all would immediately gesigned to them and the other staff members uned.  It 12:15 P.M. with direct normally tries to answer page comes across the fif O stated his/her page cility did not have anoth use. Direct care staff ecking more frequently d to him/her and the other call lights.  It 4:10 P.M. with direct of the color of the col	goes g g g g g g g g g g g g g g g g g g g				
	He/she stated the sig care staff taking care call light was not answ	lights go to the pagers nal first goes to the dire of that resident and if t wered by 3 minutes the e other direct care staff	ect he				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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			OVERL	AND PARK,	KS 66209		
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F 353	Continued From page	e 16		F 353			
		other 3 minutes the sigr	nal				
	goes to the charge nu	ırse.					
	Interview on 8/5/15 at 4:20 P.M. with licensed nursing staff J stated the call light signals starts with going immediately to the direct care staff taking care of the resident, then to all the direct care staff after 3 minutes, and then to the charge nurse after an additional 3 minutes.						
	The revised October 2010 facility policy "Answering the Call Light" documented the purpose of the call lights was to respond to the resident's requests and needs. The policy directed the staff to answer the resident's call as soon as possible.						
		nsure the nursing staff dent resident's call light	s in a				
	- Resident #4's Medicare 5 day assessment dated 6/28/15 documented the resident required extensive assistance of 2 staff members with bed mobility, transfers, dressing, and toilet use.		ired				
	6/23/15 to 6/27/15 for the resident had to wa (shortest wait time) to	s call light record from this resident documen ait from less than 1 min 35 minutes (the longes the to answer his/her cal	ute st				
		ouncil minutes for 9/24/ <sup>2</sup> 25/15, 6/24/15, and 7/2 ights were slow to be					
	Interview on 8/5/15 at administrative nursing	t 11:15 A.M. with g staff D stated when a	call				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			LE CONSTRUCTION	(X3) DATE SURVEY	Y
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F 353	light was turned on, to to the direct care star care of that resident, goes to all the direct another 3 minutes th nurse, after another 3 misgnal goes to the as and after another 3 mexecutive director. We the list of receivers, to start over.  Interview on 8/5/15 anursing staff H stated the call light, the sign the direct care staff a 3 minute intervals to call light was answer.  Interview on 8/5/15 a staff O stated he/she call lights as soon as pager. Direct care staff one that he/she was charted he/she was charted he/she was charted the call turned on the residents turned on the staff P stated the call He/she stated the sign care staff taking care call light was not ansignal would go to the stated the started the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansignal would go to the stated the sign care staff taking care call light was not ansign the stated the sign care staff taking care call light was not ansign the stated the sign care staff taking care call light was not ansign taken the sign care taken the sign care care staff taking care call light was not ansign taken the	the signal immediately of the signal immediately of the signal matter 3 minutes the signal goes to the character another 3 minutes the signal goes to the character another 3 minutes the sistant director of nursing initiates the signal goes. When the signal goes the signal would recycle at 11:55 A.M. with licensed when a resident turner and would immediately goes assigned to them and the other staff members under the command the signal would immediately goes assigned to them and the other staff members under the signal goes across the signal fire to answer the signal would immediately goes across the signal fire to the care staff of the the other direct care staff of the the signal first goes to the direct care the content of the signal first goes to the direct care staff other 3 minutes the signal first goes to the signal first goes to the signal first goes to the direct care staff other 3 minutes the signal first goes to the direct care staff other 3 minutes the signal first goes to the signal first goes	g nal fiter arge es to e ng, to the rough and ed on o to en at til the care er the er ner O on her nis/her eact he en on	F 353			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 353	Interview on 8/5/15 at nursing staff J stated with going immediate taking care of the resicare staff after 3 minumurse after an addition.  The revised October in "Answering the Call Lipurpose of the call liguresident's requests and directed the staff to an soon as possible.  The facility failed to enanwered this dependent imply manner.  Resident #7 was acfractured (broken bornleft leg.  On 8/5/15 at 2:00 P.M. his/her right arm and immobilizer (equipme form moving their leg) he/she needed help whis/her wheelchair an resident stated the direction taking care of him/her have a pager, so he/sto see if anything was Review of the facility's documented this resident unter the shortest with the service of the shortest with the shortest with the service of the shortest with the shorte	24:20 P.M. with license the call light signals stated to the direct care stated the call light signals stated the call light signals stated the the direct care stated the the character of the c	arts  ff ect ect arge  he II as  s in a  and  t in on ent f h. The  t m/her	F 353			

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Rev 10/2 doct ans:  Inte adm light to the care goe and nurs the sign and execute the star.  Inte nurs the star call inte staff call pag was one state the dire residue.	29/14, 1/28/15, 2/2 umented the call I wered.  rview on 8/5/15 at ninistrative nursing t was turned on, the direct care staff of that resident, s to all the direct of ther 3 minutes the se, after another 3 unit manager, after all goes to the ass after another 3 m cutive director. W list of receivers, the t over.  rview on 8/5/15 at sing staff H stated call light, the sign direct care staff at inute intervals to of light was answere rview on 8/5/15 at f O stated he/she lights as soon as er. Direct care staff that he/she could ed he/she was ch residents assigne of care staff would dents turned on the rview on 8/5/15 at that he/she rould ed he/she was ch residents assigne of care staff would dents turned on the rview on 8/5/15 at	puncil minutes for 9/24/25/15, 6/24/15, and 7/25 ights were slow to be at 11:15 A.M. with a staff D stated when a ne signal immediately graph of the unit, are signal goes to the character of the unit, are signal goes to the character of the unit, are signal goes to the character of nursir inutes the signal goes of another 3 minutes the signal goes of the signal would recycle at 11:55 A.M. with licens when a resident turner all would immediately graph of the signal would recycle at 12:15 P.M. with direct normally tries to answer page comes across the off O stated his/her page cility did not have anoth a use. Direct care staff of ecking more frequently do thim/her and the other tell him/her if one of him/he	call loses g hal fiter large less to less to the lose rough land led on lost till the less th	F 353			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 353	He/she stated the sig care staff taking care call light was not answing signal would go to the the unit, and after and goes to the charge numbers of the charge numbers of the resident with going immediate taking care of the resident and dition.  The revised October: "Answering the Call Ligurpose of the call liguresident's requests and directed the staff to an soon as possible.  The facility failed to eanswered this dependingly manner.  Resident #9's admassessment (MDS) do the resident with a Bristatus (BIMS) score resident with moderal status. The MDS door required limited assis bed mobility, transfers personal hygiene.  Review of the facility's 7/26/15 until 8/1/15 for the resident had to washortest wait time) to	nal first goes to the dire of that resident and if the vered by 3 minutes the extended the direct care staff other 3 minutes the signares.  4:20 P.M. with license the call light signals stated the call light signals stated the the direct care staff dent, then to all the direct care staff dent, then to all the direct care staff dent, then to all the chall 3 minutes.  2010 facility policy sight" documented the hts was to respond to the nall 3 minutes.  2010 facility policy sight documented the hts was to respond to the nall 3 minutes.  2010 facility policy sight documented the nursing staff dent resident's call light dission Minimum Data Stated 7/31/15 documented the resident tell which documented the sumented the resident tance of 1 staff members, dressing, toilet use, as a call light record from or this resident documented the resident documented the resident documented the resident tance of 1 staff members, dressing, toilet use, as a call light record from or this resident documented the resident d	ne on nal d arts ff ect arge he II as s in a et ed he r with and nted t wait	F 353			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMB			A. BUILDING		(X3) DATE SURVEY COMPLETED				
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	10/29/14, 1/28/15, 2/2 documented the call answered.  Interview on 8/5/15 a administrative nursing light was turned on, to the direct care staff care of that resident, goes to all the direct another 3 minutes the nurse, after another 3 the unit manager, after signal goes to the assand after another 3 in executive director. We the list of receivers, to start over.  Interview on 8/5/15 an nursing staff H states.	puncil minutes for 9/24/25/15, 6/24/15, and 7/2 lights were slow to be to 11:15 A.M. with g staff D stated when a he signal immediately gff's pager that was takin after 3 minutes the sigrar care staff on the unit, a e signal goes to the chast minutes the signal goes or another 3 minutes the sistant director of nursinal minutes the signal goes when the signal goes the signal would recycle to 11:55 A.M. with licens the when a resident turned all would immediately g	call goes g nal fiter arge es to e ng, to the rough e and						
	3 minute intervals to call light was answered light was answered light was answered light was a staff O stated he/she call lights as soon as pager. Direct care state was broke and the factone that he/she could stated he/she was charted he/she was charted the residents assigned direct care staff would residents turned on the call light was answered.	t 12:15 P.M. with direct normally tries to answer page comes across the aff O stated his/her pagicility did not have anothed use. Direct care staff of the ecking more frequently and to him/her and the other tell him/her if one of him/her if one of him/her to the control of th	care er the e er on her his/her						

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F 353	staff P stated the call He/she stated the sig care staff taking care call light was not ansi signal would go to the the unit, and after and goes to the charge numbers of the charge numbers of the charge numbers of the result of the call of the call Light of the call Light of the call Light of the call light of the call the call call of the call call of the call call of the call call of the call call of the call the call of the call the call call of the call call of the call o	lights go to the pagers anal first goes to the direct of that resident and if the wered by 3 minutes the earth other 3 minutes the signarse.  It 4:20 P.M. with license the call light signals startly to the direct care startly to the chand 3 minutes.  2010 facility policy sight" documented the parts was to respond to the contract of the contr	ect he on nal ed arts ff ect harge	F 353				